

HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888

February 4, 2008

Trista Moore, Administrator Jefferson House 2087 South Tollgate Way Boise, ID 83709

License #: RC-793

Dear Ms. Wolfe:

On January 25, 2008, a complaint investigation survey was conducted at Jefferson House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely, Karen McDannel, RN

KAREN MCDANNEL, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

KM/sc

C:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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February 4, 2008

Trista Moore, Administrator Jefferson House 2087 South Tollgate Way Boise, ID 83709

Dear Ms. Wolfe:

On January 25, 2008, a complaint investigation survey was conducted at Jefferson House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 25, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Community Care Program

JS/sc

Enclosure



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February 4, 2008

Trista Moore, Administrator Jefferson House 2087 South Tollgate Way Boise, ID 83709

Dear Ms. Wolfe:

On January 25, 2008, a complaint investigation survey was conducted at Jefferson House. The survey was conducted by Karen McDannel, Registered Nurse. This report outlines the findings of our investigation.

Complaint # ID00003357

Allegation #1:

An employee at the facility had durable power of attorney for an identified resident.

Finding:

Based on interview it was determine an employee at the facility had durable power of attorney

for an identified resident.

On January 25, 2008 at 3:00 PM, the administrator stated an employee had been the durable

power of attorney for the identified resident, but is not the current DPOA.

Conclusion:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.04 for employees not able to act as or seek to become the legal guardianof, or have power of attorney for any resident. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy

and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

KAREN MCDANNEL. RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

KM/sc

c:

Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program

Karen McDannel, RN, Health Facility Surveyor

BFS-686 March 2006

BUREAU OF FACILITY STANDARDS P.O. Box 83720 Bolse, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name		Physical Address		Phone Number		200
Jefferson	House	2113 W. Suller	son St.	424-7	882	
Administration		City .		ZIP Code		
Trista We	lle	Boses		83704		
Survey Team Leader		Survey Type Hone	h -A	Survey Date	2-08	
Karen McD		Conplant Inves	eti galion	IQ	<u> </u>	
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Response Required Date 2-25-05	Signature of Facility Refresentative		•		Date Signed	}
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